

<i>SERFF Tracking Number:</i>	<i>REGU-125983121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity &amp; Liability Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SILC-GL-08-REV</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>SILC SSRR Program - GL Form Correction Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Starr Indemnity & Liability Company

Product Name: SILC SSRR Program - GL Form SERFF Tr Num: REGU-125983121 State: Arkansas

Correction Filing

TOI: 17.0 Other Liability-Occ/Claims Made      SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: SILC-GL-08-REV

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Jeremy Battles

Disposition Date: 01/13/2009

Date Submitted: 01/10/2009

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/13/2009

State Status Changed: 01/13/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Starr Indemnity & Liability Company (SILC), a member of Insurance Services Office (ISO), is submitting a form correction filing for its new independent Sports And Student Related Risks Program (SSRR). This program was approved by your department on October 17, 2008 under SERFF Tracking # REGU-125858218.

In the initial filing, we inadvertently included a "scheduled" endorsement that had policy-specific information included in the schedule. We have revised that form (SILC-0266 - Exclusion – Designated Operations or Activities) to remove the

<i>SERFF Tracking Number:</i>	<i>REGU-125983121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity &amp; Liability Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SILC-GL-08-REV</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>SILC SSRR Program - GL Form Correction Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

scheduled information. This form is modeled after ISO form CG 21 53 - EXCLUSION - DESIGNATED ONGOING OPERATIONS.

Attached for your review are the following:

- Mark-Up Exhibit
- Form SILC-0266 (01-09) - Exclusion – Designated Operations or Activities

An EFT in the amount \$50.00 has been initiated to cover your state’s filing fees.

We ask that this filing become effective for all policies effective upon approval.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Jeremy Battles, Senior Analyst	jeremybattles@ircllc.com
50 Broad Street	(212) 571-3989 [Phone]
New York, NY 10004	

### Filing Company Information

Starr Indemnity & Liability Company	CoCode: 38318	State of Domicile: Texas
90 Park Avenue	Group Code:	Company Type:
New York, NY 10016	Group Name:	State ID Number:
(212) 230-5043 ext. [Phone]	FEIN Number: 75-1670124	

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Form Filing
Per Company:	No

*SERFF Tracking Number:*      *REGU-125983121*      *State:*      *Arkansas*  
*Filing Company:*      *Starr Indemnity & Liability Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *SILC-GL-08-REV*  
*TOI:*      *17.0 Other Liability-Occ/Claims Made*      *Sub-TOI:*      *17.0001 Commercial General Liability*  
*Product Name:*      *SILC SSRR Program - GL Form Correction Filing*  
*Project Name/Number:*      */*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starr Indemnity & Liability Company	\$50.00	01/10/2009	24944451

SERFF Tracking Number:	REGU-125983121	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	EFT \$50
Company Tracking Number:	SILC-GL-08-REV		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	SILC SSRR Program - GL Form Correction Filing		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/13/2009	01/13/2009

*SERFF Tracking Number:*      *REGU-125983121*                      *State:*                      *Arkansas*  
*Filing Company:*              *Starr Indemnity & Liability Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *SILC-GL-08-REV*  
*TOI:*                      *17.0 Other Liability-Occ/Claims Made*              *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*              *SILC SSRR Program - GL Form Correction Filing*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 01/13/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125983121 State: Arkansas  
 Filing Company: Starr Indemnity & Liability Company State Tracking Number: EFT \$50  
 Company Tracking Number: SILC-GL-08-REV  
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: SILC SSRR Program - GL Form Correction Filing  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Authorization, Mark-Up Exhibit	Approved	Yes
Form	Exclusion – Designated Operations or Activities	Approved	Yes

SERFF Tracking Number: REGU-125983121 State: Arkansas

Filing Company: Starr Indemnity & Liability Company State Tracking Number: EFT \$50

Company Tracking Number: SILC-GL-08-REV

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability

Product Name: SILC SSRR Program - GL Form Correction Filing

Project Name/Number: /

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion – Designated Operations or Activities	SILC-026601-09 (01-09)		Endorsement/Amendment/Conditions	Replaced Form #:0.00 SILC-0266 (10-08) Previous Filing #: REGU-125858218		SILC-0266 01 09 - Exclusion - Designated Operations or Activities.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – DESIGNATED OPERATIONS OR ACTIVITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Description Of Designated Operation(s) Or Activities

The following exclusion is added to Paragraph 2., **Exclusions** of **Section I – Coverage A – Bodily Injury And Property Damage Liability** and Paragraph 2., **Exclusions** of **Section I – Coverage B – Personal And Advertising Injury Liability**:

**Designated Operations Or Activities**

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the operations or activities shown in the Schedule above, regardless of whether such operations or activities are conducted by you or on your behalf or whether the operations or activities are conducted for yourself or for others.

All other terms and conditions of this policy remain unchanged.



<i>SERFF Tracking Number:</i>	<i>REGU-125983121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity &amp; Liability Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SILC-GL-08-REV</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>SILC SSRR Program - GL Form Correction Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125983121 State: Arkansas  
Filing Company: Starr Indemnity & Liability Company State Tracking Number: EFT \$50  
Company Tracking Number: SILC-GL-08-REV  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: SILC SSRR Program - GL Form Correction Filing  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/13/2009

**Comments:**

**Attachment:**

AR F NAIC Trans.pdf

**Satisfied -Name:** Filing Authorization, Mark-Up Exhibit **Review Status:** Approved 01/13/2009

**Comments:**

**Attachments:**

- 1 - SILC Filing Authorization Letter.pdf
- 2 - Mark-Up Exhibit.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---


<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Starr Indemnity & Liability Company	TX	38318	75-1670124	

<b>5. Company Tracking Number</b>	SILC-GL-08-REV
-----------------------------------	----------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jeremy W. Battles - IRC, LLC 50 Broad Street, Suite 501 New York, NY 10004	Manager	212-571-3884	212-571-2502	<a href="mailto:jeremybattles@irc-lc.com">jeremybattles@irc-lc.com</a>

7. Signature of authorized filer	
8. Please print name of authorized filer	Jeremy W. Battles

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 - Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 - Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific	N/A
12. Company Program Title (Marketing title)	Sports and Student Related Risks Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:    Upon Approval    Renewal:    Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	1/10/2009
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

**20.** This filing transmittal is part of Company Tracking # SILC-GL-08-REV

**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Starr Indemnity & Liability Company (SILC), a member of Insurance Services Office (ISO), is submitting a form correction filing for its new independent Sports And Student Related Risks Program (SSRR). This program was approved by your department on October 17, 2008 under SERFF Tracking # REGU-125858218.

In the initial filing, we inadvertently included a "scheduled" endorsement that had policy-specific information included in the schedule. We have revised that form (SILC-0266 - Exclusion – Designated Operations or Activities) to remove the scheduled information. This form is modeled after ISO form CG 21 53 - EXCLUSION - DESIGNATED ONGOING OPERATIONS.

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:** EFT  
**Amount:** \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SILC-GL-08-REV			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Exclusion – Designated Operations or Activities	SILC-0266 (01-09)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SILC-0266 (10-08)	REGU-125858218
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**STARR INDEMNITY & LIABILITY COMPANY**

**90 Park Avenue, 7<sup>th</sup> Floor  
New York, NY 10016**

**LETTER OF FILING AUTHORIZATION**

This letter will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit filings on behalf of **Starr Indemnity & Liability Company**. This authorization extends to all correspondence regarding the filings.

Honora M. Keane  
Name

September 30, 2008  
Date

General Counsel  
Title

**Starr Indemnity & Liability Company**  
Company Name

*Honora M. Keane*  
Signature

(646) 227 - 6342  
Telephone Number

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – DESIGNATED OPERATIONS OR ACTIVITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Description Of Designated Operation(s) Or Activities
<del>All Motor Sports, Ballooning, Bungee Jumping, Gymnastics, Use of Luges, Mountain Climbing, Parachuting, Polo, Rock Climbing, Rodeo or any Equestrian Related Sports, Sale/Manufacturing/Distribution of Athletic Equipment, Skin and Scuba Diving, Water Skiing, Tobogganing, Use of Saunas or Tanning Devices, Use of Trampolines, Water Slides, White Water Rafting.</del>

The following exclusion is added to Paragraph 2., **Exclusions** of **Section I – Coverage A – Bodily Injury And Property Damage Liability** and Paragraph 2., **Exclusions** of **Section I – Coverage B – Personal And Advertising Injury Liability**:

**Designated Operations Or Activities**

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the operations or activities shown in the Schedule above, regardless of whether such operations or activities are conducted by you or on your behalf or whether the operations or activities are conducted for yourself or for others.

All other terms and conditions of this policy remain unchanged.

Includes copyrighted material from Insurance Services Office, Inc. with its permission.